Denartment of Health Services State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Toxic Substances Control Division Sacramento, California and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas UNIFORM HAZARDOUS is not required by Federal law. WASTE MANIFEST CA, XO, OO, O, 364 A. State Manifest Document Number 3. Generator's Name and Mailing Address PARA PLATE B. State Generator's ID 15910 Shoemaker, Cerritos, CA 90701 4. Generator's Phone (218 404-3434 C. Stale Transporter's ID US EPA ID Number 1-800-852-7550 5. Transporter 1 Company Name D. Transporter's Phone **/698-**/0991 1 Q AD Q 42 245 001 OMEGA RECOVERY SERVICES E. State Transporter's ID US EPA ID Number 7. Transporter 2 Company Name F. Transporter's Phone US EPA ID Number G. State Facility's ID 9. Designated Facility Name and Site Address Omega Recovery Services CADD14224500 12504 E. Whittier Blvd. H. Facility's Phone 213/698-0991 CAD 042, 245 00,1 Whittier, CA 90602 12. Containers 13. Total Waste No. Unit Quantity 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Туре No. ∞ State NA 1693 ORM-A Waste ORM-A NOS 211 EPA/Othe 800 MEEN G (FLEXOSOLVENT) EXER State S 1-800-424-8802; W ATOR EPA/Other State EPA/Other CENTER State EPA/Other RESPONSE K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above h. එ d. Č. NATIONAL 15. Special Handling Instructions and Additional Information 뿓 Profile No. CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL national government regulations. It I am a large quantity generator, I certify that 'have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 8 EMERGENCY Month Day Year Signature Printed / Typed Name 201910 Month Day Year Ž. Signature ANSPORT

Printed/Typed Name 00 b 18. Transporter 2 Acknowledgement of Receipt of Materia Signature Month Day Year Printed/Typed Name 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in hem 19.

Printed/Typed Name

DHS 8022 A (1/88)

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EPA 6700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

Month Day

10/2/2/6/9/0

Year

To: P.O. Box 3000, Sacramento, CA 95812